



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: CLI SURGERY CENTER FORT WAYNE

Street Address: 7747 W Jefferson Blvd

City: Fort Wayne

County: Allen

Administrator Name: Heather DeLeon

Administrator Email: hdeleon@cataractandlaserinstitute.net

ASC Web Address:

Fiscal Year: 2018

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	4975	6568
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	2706	
66821	1964	
67031	254	
66982	479	
65855	243	
67210	151	
66761	146	
67228	109	
67108	67	
67042	61	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.

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